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CONFIRMATION NO. 8967

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|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/552,632   | <b>FILING or 371(c) DATE</b><br>09/20/2006<br><b>RULE</b>   | <b>CLASS</b><br>210           | <b>GROUP ART UNIT</b><br>1797   | <b>ATTORNEY DOCKET NO.</b><br>442092/PALL |                                |
| <b>APPLICANTS</b><br>Jay D. Brandt, Fort Myers, FL;<br>David M. Childs, New Port Richey, FL;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/11117 04/12/2004<br>which claims benefit of 60/461,428 04/10/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/24/2007 |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /THOMAS M LITHGOW/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWINGS</b><br>4   | <b>TOTAL CLAIMS</b><br>29                 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>LEYDIG VOIT & MAYER, LTD<br>700 THIRTEENTH ST. NW<br>SUITE 300<br>WASHINGTON, DC 20005-3960<br>UNITED STATES   |   |                               |   |   |                                |
| <b>TITLE</b><br>Filter assemblies, filter cartridges and methods for removing filter cartridges from filter assemblies   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1380   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |